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Bib Data Sheet

CONFIRMATION NO. 6120

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/798,215 | <b>FILING OR 371(c)<br/>DATE</b><br>03/11/2004<br><b>RULE</b> | <b>CLASS</b><br>052 | <b>GROUP ART UNIT</b><br>3635 | <b>ATTORNEY<br/>DOCKET NO.</b><br>257-011583-US<br>(PAR) |
|------------------------------------|---|---------------------|-------------------------------|--|

## APPLICANTS

Lawrence M. Janesky, Seymour, CT;

\*\* CONTINUING DATA \*\*\*\*\*

NONE

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/26/2004

|  |                                   |                                |                               |                                    |
|--|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | <b>STATE OR<br/>COUNTRY</b><br>CT | <b>SHEETS<br/>DRAWING</b><br>3 | <b>TOTAL<br/>CLAIMS</b><br>15 | <b>INDEPENDENT<br/>CLAIMS</b><br>1 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                                   |                                |                               |                                    |
| Verified and<br>Acknowledged   | Examiner's Signature              | Initials                       |                               |                                    |

## ADDRESS

2512

## TITLE

Crawlspace encapsulation and drainage system

|                                       |  |  |
|---------------------------------------|--|--|
| <b>FILING FEE<br/>RECEIVED</b><br>385 | <b>FEES:</b> Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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